Complete if Known Application Number 10/720,278 TRANSMITTAL FORM Filing Date Nov. 25, 2003 First Named Inventor Alain POIRAUD e used for all correspondence after initial filing) Examiner Name Ajay Vasudeva 3617 **Group Art Unit** Attorney Docket Number 2937-115 4789 Total Number of Pages in This Submission Confirmation Number ENCLOSURES (check all that apply) X Fee Transmittal Form After Allowance Drawing(s) Communication to TC Fee Attached Licensing-related Papers Appeal Communication to Board of Appeals and Amendment/Reply Petition Interferences After Final Petition to Convert to a Appeal Communication to TC X**Provisional Application** (Appeal Notice, Brief, Reply Affidavits/declaration(s) Brief) Power of Attorney, Revocation Change of Correspondence 冈 Extension of Time Request **Proprietary Information** Address **Express Abandonment Request** Status Letter **Terminal Disclaimer** Information Disclosure Other Enclosure(s) (please Request for Refund Statement identify below): CD, Number of CD(s) Certified Copy of Priority Document(s) Landscape Table on CD Response to Missing Parts/ Incomplete Application

SUBMITTED BY				Complete (if applicable)						
NAME AND REG. NUMBER	I DI I GII A. I OLI CIBOII, NEG. NO. 40,550									
SIGNATURE	180	DATE	June 13, 2006	DEPOSIT ACCOUNT USER ID 02-2135	xxx					

REMARKS:

Response to Missing Parts under 37 CFR 1.52 or 1.53

METHOD OF PAYMENT (check one)			LATION (continued)	
1. X The Commissioner is hereby authorized to charge	4. AC	DITION	NAL FEES	
the fees indicated below or credit overpayment to	Fee	Fee		
Deposit Account Number 02-2135 in the name of	Code	Paid	Fee Description	Fee Paid
Rothwell, Figg, Ernst & Manbeck	1051	65	Surcharge - late filing fee or oath	[]
Charge any additional fee required under 37 CFR	1052	50	Surcharge - late provisional filing fee	[]
1.16 and 1.17 to Deposit Account No. 02-2135.			or cover sheet	
_	1053	130	Non-English specification	[]
2. Payment by check enclosed	1812	2,520	For filing a request for reexamination	
	1804	920	Requesting publication of SIR	[]
FEE CALCULATION			prior to Examiner action	
4 FILING OF A DOLLAND EVANDATION FEED	1805	1,840	Requesting publication of SIR	[]
1. FILING, SEARCH AND EXAMINATION FEES			after Examiner action (reduced by basic	
Code Fee Fee Description . Fee Paid			filing fee paid)	
1001 150 Utility Filing Fee []	1251	60	Extension for reply within first month	[60.00]
395 filed before Dec. 8, 2004 []	1252	225	Extension for reply within second month	[]
1111 250 Utility Search Fee []	1253	510	Extension for reply within third month	[]
1311 100 Utility Examination Fee []	1254	795	Extension for reply within fourth month	[]
1002 100 Design Filing Fee []	1255	1,080	Extension for reply within fifth month	[]
175 filed before Dec. 8, 2004 []	1401	250	Notice of Appeal	[]
1112 50 Design Search Fee []	1402	250	Filing a brief in support of an appeal	[250.00]
• • • • • • • • • • • • • • • • • • • •]			
	1403	500	Request for Oral Hearing	[]
	1451	1,510	Petition to institute a public use proceeding	[]
275 filed before Dec. 8, 2004 []	1452	250	Petition to revive -unavoidable	[]
1113 150 Plant Search Fee []	1453	750	Petition to revive - unintentional	[]
1313 80 Plant Examination Fee []	1807	50	Processing fee under 37 CFR 1.17(q)	[]
1004 150 Reissue Filing Fee []	1806	180	Submission of Information Disclosure Statement	[]
395 filed before Dec. 8, 2004 []	1809	395	Filing a submission after final rejection	[]
1114 250 Reissue Search Filing Fee []			(37 CFR .129(a))	
1314 300 Reissue Examination Fee []	1810	395	For each additional invention to be	[]
1005 100 Provisional Filing Fee []			examined (37 CFR 1.129(b))	
	1801	395	Request for Continued Examination (RCE)	[]
SUBTOTAL \$	1802	900	Request for expedited examination	ĺ
2. CLAIMS			of a design application	-
Extra	1504	300	Publication fee for early, voluntary, or	[]
Claims Fee Fee Paid	í		normal publication	•
Total Claims [] - 20^* = [] x $$25$ = []	1505	300	Publication fee for republication	1
Independent	1455	200	Filing application for patent term adjustment	i i
Claims []- 3* = [] x 100 = []	1456	400	Request for reinstatement of term reduced	ii
Multiple Dependent Claims + 180 = []	1814	65	Statutory Disclaimer	į į
*or number previously paid, if greater		e (specif		i i
, common programmes			• •	- •

SUBTOTAL \$

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$125 = ** Number of each additional 50 or fraction thereof

SUBTOTAL \$

SUBMITTED BY	Complete (if applicable)						
NAME AND REG. NUMBER	MBER Brian A. Tollefson, Reg. No. 46,338						
SIGNATURE	for the	DATE	June 13, 2006	DEPOSIT ACCOUNT USER ID 02-2135	xxx		

SUBTOTAL \$310.00